

2012 Standard Rx Option 2

Group Plus Formulary

Subject To CMS Approval

30 Day Supplies

Plan/Option	Rx Option Number	30 Day Retail from \$0 to ICL (1)				30 Day Retail from ICL to Catastrophic (2) "Coverage Gap"				30 Day Retail Cost Sharing from Catastrophic to Unlimited	Out of Pocket that triggers Catastrophic	30 Day Home Infusion Drugs (3)			
		Tier 1*	Tier 2	Tier 3	Tier 4	Tier 1*	Tier 2	Tier 3	Tier 4			Tier 1*	Tier 2	Tier 3	Tier 4
	Rx 2	\$5	\$30	\$60	33%	50%	50%	50%	50%	Greater of \$2.60 for generic/multiple source drugs (\$6.50 for all others) or 5% coinsurance	\$4,700	\$5	\$30	\$60	33%

Plan/Option	Rx Option Number	30 Day Mail Order from \$0 to ICL				30 Day Mail Order from ICL to Catastrophic "Coverage Gap"				30 Day Mail Order Cost Sharing from Catastrophic to Unlimited	Out of Pocket that triggers Catastrophic
		Tier 1*	Tier 2	Tier 3	Tier 4	Tier 1*	Tier 2	Tier 3	Tier 4		
	Rx 2	\$0	\$30	\$60	33%	50%	50%	50%	50%	Greater of \$2.60 for generic/multiple source drugs (\$6.50 for all others) or 5% coinsurance	\$4,700

*Tier 1: Generic or Preferred Generic

Tier 2: Preferred Brand

Tier 3: Non-Preferred Brand

Tier 4: Specialty Tier

Footnotes

1 ICL (Initial Coverage Limit): When total drug costs (the amount the customer pays plus the amount Humana pays) reach \$2,930.

2 Catastrophic: Once a member's True Out Of Pocket (TrOOP) cost reaches \$4,700.

3 Home Infusion Drugs: These drugs will be covered at the specified copayments until the member reaches the Catastrophic level.

Out of Network: Emergency Situations

When a member purchases a drug at an out-of-network pharmacy in an emergency situation:

- the member will pay the same coinsurance as would have applied at a network pharmacy, but at the out-of-network pharmacy price, and/or,
- the member will pay the same copayment as would have applied at a network pharmacy, plus the difference between the out-of-network pharmacy price and the network pharmacy price.

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90 Day Supplies

Plan/Option	Rx Option Number	90 Day Retail (3) from \$0 to ICL (1)				90 Day Retail from ICL to Catastrophic (2) "Coverage Gap"				90 Day Retail Cost Sharing from Catastrophic to Unlimited	Out of Pocket that triggers Catastrophic	90 Day Home Infusion Drugs (4)			
		Tier 1*	Tier 2	Tier 3	Tier 4	Tier 1*	Tier 2	Tier 3	Tier 4			Tier 1*	Tier 2	Tier 3	Tier 4
	Rx 2	\$15	\$90	\$180	N/A	50%	50%	50%	N/A	Greater of \$2.60 for generic/multiple source drugs (\$6.50 for all others) or 5% coinsurance	\$4,700	\$15	\$90	\$180	N/A

Plan/Option	Rx Option Number	90 Day Mail Order (3) from \$0 to ICL				90 Day Mail Order from ICL to Catastrophic "Coverage Gap"				90 Day Mail Order Cost Sharing from Catastrophic to Unlimited	Out of Pocket that triggers Catastrophic
		Tier 1*	Tier 2	Tier 3	Tier 4	Tier 1*	Tier 2	Tier 3	Tier 4		
	Rx 2	\$0	\$60	\$120	N/A	50%	50%	50%	N/A	Greater of \$2.60 for generic/multiple source drugs (\$6.50 for all others) or 5% coinsurance	\$4,700

*Tier 1: Generic or Preferred Generic

Tier 2: Preferred Brand

Tier 3: Non-Preferred Brand

Tier 4: Specialty Tier

Footnotes

1 ICL (Initial Coverage Limit): When total drug costs (the amount the customer pays plus the amount Humana pays) reach \$2,930.

2 Catastrophic: Once a member's True Out Of Pocket (TrOOP) cost reaches \$4,700.

3 Retail and Mail Order: Retail and Mail Order benefit for a 90-day supply is limited to Rx formulary Tiers 1-2 and most drugs on Tier 3. Regardless of tier placement, Specialty drugs are limited to a 30-day supply.

4 Home Infusion Drugs: These drugs will be covered at the specified copayments until the member reaches the Catastrophic level.

When a member purchases a drug at an out-of-network pharmacy in an emergency situation:

a. the member will pay the same coinsurance as would have applied at a network pharmacy, but at the out-of-network pharmacy price, and/or,

b. the member will pay the same copayment as would have applied at a network pharmacy, plus the difference between the out-of-network pharmacy price and the network pharmacy price.

General Exclusions

Your benefits do not include the following, except as otherwise noted:

Any drug not defined by CMS as a Part D drug;

Any drug prescribed for noncovered illness or injury;

Any drug you receive before your effective date of coverage, or after the date your coverage has ended;

Any costs related to the mailing, sending or delivery of prescription drugs; unless you are utilizing our mail-order pharmacy which includes first class delivery service;

More than one prescription for the same drug until at least 75% of the prescription has been used by the member based on the dosage schedule prescribed by the network provider, or if received through the mail-order pharmacy program at least 66% of the previous prescription has been used;

Any fraudulent misuse of this benefit, including prescriptions purchased for consumption by someone other than the member;

Any drug determined by us to require prior authorization and prior authorization is not obtained;

Prescriptions or refills for drugs that are lost, stolen, spilled, spoiled or damaged;

Any refunds or credits for prescription copayments or coinsurance after a prescription has been filled, regardless of whether the request is because of an adverse reaction or a change in the dosage or prescription;

Any drug prescribed for intended use other than for indications approved by the FDA; or recognized off-label indications through peer-reviewed medical literature;

May exclude Barbiturates and Benzodiazepines;

May exclude drugs such as Viagra, Cialis, Levitra, and Caverject, when used for the treatment of sexual or erectile dysfunction.